

APPLICATION FOR SCHOLARSHIP

Name and Address Section

VETERAN'S NAME	_____ (First) (MI) (Last)	APPLICANT'S NAME	_____ (First) (MI) (Last)
VA FILE NO.	_____ (C, XC, SS, or XSS)	APPLICANT'S SSN	_____
VETERAN'S ADDRESS	_____ _____	APPLICANT'S ADDRESS	_____ _____
		APPLICANT'S TEL. NO.	_____ (Area Code)
		EMAIL ADDRESS	_____

I hereby make application for a State Scholarship as provided by Chapter 165, Article 4, of the General Statute, of North Carolina:

Applicant's Information Section

Attach Resume in the format provided on the Instruction Sheet (NCDVA-16)

Date of Birth _____ Place of Birth _____ Race _____ Sex _____
mm/dd/year (City/County) (State)

Applicant Mother's place of birth _____
(City) (State)

Has Applicant lived whole life in North Carolina? Yes ☐ No ☐ (If no, list number years lived in North Carolina.) _____

High School attended _____ Graduation Date _____
(Name) (City) (Month/year)

What College, University or Technical Institute in N. C. do you wish to attend? (School must be GS 165-20(5)(6) approved.)

(Name of School) (City)

If attending College, University or Technical Institute in N. C., please provide the name of the institution. (Submit transcript)

(Name of School) (City)

Veteran's Information Section

Veteran's legal residence when he/she entered service _____
(City) (State)

Veteran's legal residence NOW _____
(City) (State)

Present degree if living or degree at time of death of veteran's disability as rated by the VA _____ % Service-Connected ☐
Nonservice-connected ☐

Was the veteran awarded a Purple Heart Medal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is/Was the veteran receiving disability compensation or pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did the veteran serve in a combat zone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where _____
Was veteran a prisoner of war or missing in action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is veteran deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, complete A, B, C below.
A. Did the veteran die while in service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B. Did veteran die of a service-connected disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C. Please state date and cause of death.			_____

Signature Section

I HEREBY CERTIFY THE APPLICANT'S RESIDENCE IN NORTH CAROLINA IS TRUE AND CORRECT.

_____ (Signature of Applicant) (Blue Ink Only)	_____
_____ (Signature of Applicant's Parent or Guardian)	_____ (Date of Application)